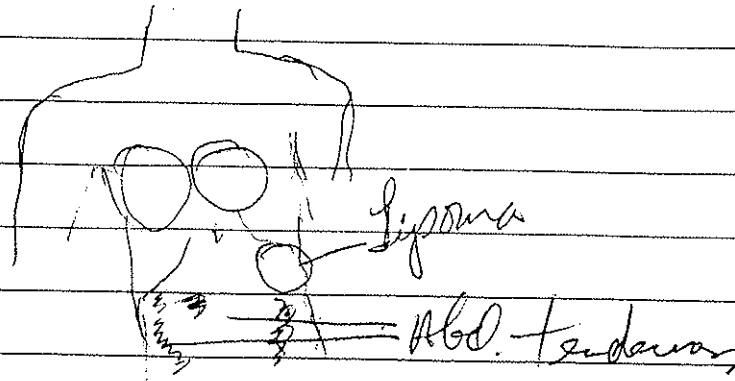


Date/Time	Inmate's Name:	D.O.B.:
8/18/04	aa3 130170 - 63 - 18 c/o Postprandial anorexia - 0 = NO exam today A = anorexia P = Lypose, Any/ase 7 Contact to 300 bed Add Kenty 10 bed 2 - Eat more slowly Reduce carbohydrates	/ / See pt in 3 wks
4/12/05	985-62-20 Ap 11/80 O2 sat 98% ⑤ Pt just returned from Louisiana for medical reason. She c/o Breat side pain - has had in past. Can't relate to food. Had gallbladder removal in past. ⑥ Alert NAD	
	 Lipoma Abd. tenderness	
	A/B. Obvious abd. tenderness? Eto ② ③ side Lipoma ④ Tubercles for pain - U/S of Abd & pelvic Xmas	



PRISON
HEALTH
SERVICES
INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
5/17/04 or 1/20	Clackles, Debra	11/26/54
5/25-04	Seen Sick Call	24th Street
	S: Menstruation to 3 weeks pain in abd LUQ	
	O: Abdominal pain. Probable muscle strain from vomiting last weekend	
	Pelvic exam neg. Urine HSG. Adverse neg on 5 legs	
	A: Low Grade Gastritis Muscle Strain	
	P: Tylenol Doripen	
	Re: Plan - Consult Dr. Traylor	
6/2/04	By Menstrual Calendar (ST) OK seen at sick call. May, Citrate "now, education will."	

NAPHCARE
PHYSICIAN'S PROGRESS NOTES

DATE	TIME	NOTES MUST BE SIGNED BY PHYSICIAN
10/8/03	9:30A	<p>98.4 20 56 106/75</p> <p>SI Scheduled pelvic exam & Cb pelvic pain S w/c</p> <p>O: PPD done - Cervical irritation S w/c</p> <p>noted Yeast also present</p> <p>As Cervicitis & Yeast</p> <p>PS En Orders</p> <p>ES Zulo & PPD</p> <p style="text-align: right;">JR. mr</p>
4/23/04		<p>See @ sickle cell ————— Johnston</p>
4/26/04		<p>T 99.1 P 60 R 18 D/P 90/50</p> <p>Cb pulling sensation L4Q - 4 days ago. Hrd dysuria yesterday. Hrd a "lung" develop @ side recently</p> <p>pt works in library</p> <p>U: Abd obese soft nontender liver & spleen N/A. No hernia</p> <p>4x5 cm lymph node present L4Q in AAL - soft - no evd of trauma</p> <p>W/A → absolutely clear</p> <p>A: lipoma</p> <p>pt follow</p> <p style="text-align: right;">JR. mr</p>
NAME- LAST		FIRST MIDDLE
Clackley, Nisha		
		AIS #
		159516

NAPHCARE
PHYSICIAN'S PROGRESS NOTES

TE	TIME	NOTES MUST BE SIGNED BY PHYSICIAN
10/10/05	98.9 20 59 11/3/81	<p>S: Bradycardia on CC - TB. HR of 50</p> <p>O: HR to day 59. EKG - Brady & HR V8</p> <p>Heart sounds brady but normal. Family Hx of Hypothyroidism</p> <p>A: Bradycardia</p> <p>P: See Orders</p> <p>H: Info on Bradycardia</p> <p>Note: In view of normal EKG Dr. McCane recommends no Rx - benign condition</p>
10/11/05	98.4 20 65 11/7/67 <u>Ellen</u> (age 49)	<p>fla - only 40 is sharp & brief w/o pain - last 3 cycles; 2 menses only</p> <p>Hx pg 12/02 - ok.</p> <p>Labs: all ok (+4 1.1 WNL)</p> <p>A: dysmenorrhea, menses began yesterday</p> <p>P: See 2 wks + do pelvic</p> <p style="text-align: right;"><u>Ellen</u></p>

LAST	FIRST	MIDDLE	AIS #
Belcher,	Debra		159516

PHYSICIAN'S PROGRESS NOTES

PHS0112

Patient
Name

Clacher, Debra

I.D. #

139516

Institution

Tul

DATE TIME

NOTES

SIGNATURE

4/15/03 9:37 AM

98.8

20

86

111/81

NOTE: NO reason to see pt today. Mammogram pending.

4/23/03

note: normal mammogram.

5/16/03 11:44 AM

97.0

20

61

140/80

S: Recheck Mammogram results

O: Mammogram normal

AC Fibrosystic Breast Dx

P: Annual Mammogram

50%⁺

E: Info on results

JRM

8/4/03 9:22 AM

98.8

20

80

115/78

S: Pt passed out in pill-line on smd.

O: Pt's lower conjunctiva pale - sluggish capillary refill. Prolonged mentus. Denies dizzy spells

A: R/O Anemia

P: See Orders

E: Info on Anemia

JRM

Patient Name Clacker, DebraI.D. # 159516Institution Tut

DATE	TIME	NOTES	SIGNATURE
3/3/03	11:36	97.9 20 65 118/85 S: S/o Lt breast pain O: Pt had normal vll Lt breast last Nov. Dx with Fibrocystic Breasts. Pt states condition has worsened since beginning 2nd. Multiple fibroids palpated in Lt breast on exam but no s/o infection or lg masses A: Fibrocystic Breast Dx P: See Orders E: Info on vll of Numb's	
4/11/03	12:30	98.3 20 75 120/65 S: Recheck O: Pt states that she has done very well on Tylenol & Elavil. Much less breast pain & swelling. Pt does report mammogram A: Fibrocystic Breast Dx P: See Orders E: Info on Elavil	JR, M
			JR, M

NAPHCARE
PHYSICIAN'S PROGRESS NOTES

NOTES MUST BE SIGNED BY PHYSICIAN

DATE	TIME	
10/30/02	1055	97.6 20 62 112/60 40 tender @ breast. off + on. No more galactorrhea. R breast was tender in Sept; it is more comfortable. Breasts are uniformly quite dense without palp dominant mass. Lumen is benign appearing but sensitivity limited due to density. A: Hereditary mastodynia Dense breasts P: ultrasound of breasts

11/6/02	0940A	97.9 20 62 141/80 167# SI Flo post U/S Breast O: Pt states breast is less tender and has improved. Pt currently avoiding NSAIDs. U/S has small cystic changes bilaterally but no CNV. A: Fibrocystic Breasts P: No Tx needed E: Zuplo on Fibrocystic Breasts Dr.
---------	-------	---

1/23/03

PT to begin 9 mos of TAM
Egbert

NAME- LAST

FIRST

MIDDLE

Clackler, Akira

AIS #

159516

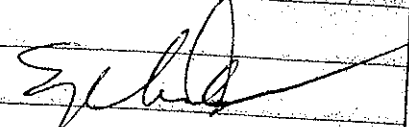
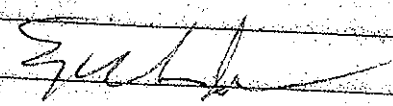
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PHYSICIAN'S PROGRESS NOTES

PHS0115

NAPHCARE
PHYSICIAN'S PROGRESS NOTES

NOTES MUST BE SIGNED BY PHYSICIAN

DATE	TIME	NOTES MUST BE SIGNED BY PHYSICIAN
9-20-02	11:30p	T 994 P 52 R 20 BP 129/77 * f/u - we are awaiting mammograms - which have not been done yet 
10/4/02	98.1	53 160/80 20 S: F/U for report of MAMMOGRAM O: Mammogram had no evidence of malignancy Rt breast exam done with no DIC elicited. Small fibroid noted at 2 o'clock on Rt breast A: Fibroid Cyst - Benign P: See Orders
11/15/02	1420	98.1 38 160/80 Recheck p mamm - Discussion, mastodynia is only intermittent, + no more nipple discharge - No exam necessary today Mammograms unremarkable A - FCC P - See 6 mos P - Education 

NAME- LAST

FIRST

MIDDLE

Clacker

Debra

AIS #

159516

NC007

PHYSICIAN'S PROGRESS NOTES

PHS0116

CORRECTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Patient Name Chaker, Debra I.D. # 159516 Institution JTP

DATE	TIME	NOTES	SIGNATURE
8/28/98		<p>Pt feels better; no more chest pain. off Naproxen now; Cefex & cough P16 no chest wall tenderness. no swelling. Ate equal; Cefex & cough O2 sat 95% AB - S/P Costochondritis feels better, off medication. Lili Ann</p>	<i>[Signature]</i>
3/29/99		<p>Annual ghp completed</p>	
4/19/00	3pm	<p>Lap done. Pelvic - normal</p>	<i>[Signature]</i>
9/10/02	1405	<p>98.6 20 51 138/73 Pt c/o (R) breast heaviness; (R) nipple discharge - 6-8 weeks. She did not feel mass. Was tender - better now b. inspection Neg. (L) - FCC only (R) FCC - a bit more dense than (L) - but no dominant mass. No tenderness. Axillae neg A: FCC & recent meto bynia & galactorrhea P: Monogram</p>	<i>[Signature]</i>

CORRECTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Patient Name Clackler Debra I.D. # _____ Institution _____

DATE	TIME	NOTES	SIGNATURE
4/16/98		Annual pap per protocol & consent -	
8/18/98		<p> C/o pin (L) side of chest on left Medial side of breast. pin is present for 3-4 days. ↑ & respirate @ trauma @ swelling - breast, no nipple d/c no fall no fever no cough, no sputum in sputum. <u>PLE</u> Breast bilaterally symmetrical no mass, no swelling no nipple d/c </p> <p> Chest wall tenderness @ anteriorly lateral to sternum on (L) side - lung clear CXR Adh @ m. </p> <p> <u>AP</u> Costochondritis - Naproxen 750 TID x 2 weeks - Heat application - Adv. 1 week </p> <p style="text-align: right;">/Ryji Jones</p>	

CORRECTIONAL MEDICAL SYSTEMS, INC.

INTERDISCIPLINARY PROGRESS NOTES

Patient
Name _____

Shackel, Debra

I.D. # 159516

Institution

54

DATE	TIME	NOTES	SIGNATURE
19 MM 97 DYY		Annot pap [Signature]	
3/19/97		UA collected & dipped as ordered - Also RPR - Blood drawn as ordered - Mandrews/Sab/MA	

Nursing Evaluation Tool:

Abdominal Pain

Facility: Alabama Department of Corrections

Patient Name: William, Du

Inmate Number: 159516

Date of Report: 3/16/06

Date of Birth: 11/26/54

Time Seen: 1000 AM PM Circle One

Subjective: Chief Complaint: The same problem - I didn't see
 Onset: Dr. Williams broke 13th
 History: Antibiotics helped - Xanax was not help
 (Continue on back if necessary)

Pain Description: ☐ Sharp ☐ Dull ☒ Crampy ☐ Burning
☐ Intermittent ☒ Constant ☐ Radiation to: _____
☐ Other: _____

Location: ☐ RUQ ☐ LUQ ☐ RLQ ☐ LLQ ☐ Epigastric ☐ Diffuse

Last BM: yesterday ☐ Normal ☒ Constipation ☐ Diarrhea x _____ stools Color change: ☐ No ☐ Yes:
 Associated symptoms: Nausea ☐ No ☐ Yes Vomiting ☐ No ☒ Yes (x _____) Painful urination ☐ No ☐ Yes
 Back pain ☐ No ☐ Yes Other: _____

* FEMALE: LMP: MM DD YYYY Vaginal Discharge: ☐ No ☒ Yes (Describe): Wet

Pregnancy Test: negative / positive / NA (Circle One) *The possibility of pregnancy exists for any female of potential childbearing age unless a bilateral oophorectomy or hysterectomy has been performed.

Objective: Vital Signs: (If Indicated) T: 98.4 P: 88 RR: 18 BIP: 140/88

General appearance: ☐ No acute distress ☐ Acute distress ☐ Unable to stand erect ☐ Knees drawn up
 Skin: ☐ Warm ☐ Cool ☐ Dry ☐ Moist/clammy Skin Color: ☐ Normal ☐ Pallor ☐ Flushed ☐ Jaundice
 Mucous Membranes: ☐ Moist ☐ Dry

ABDOMINAL EXAM

Bowel sounds: ☐ Present ☐ Decreased ☒ Absent
 Abdomen: ☐ Soft ☐ Guarding ☐ Distended ☐ Non-Tender ☐ Tender _____ Location _____

Pain induced/increased with: Walking ☐ No ☐ Yes

Pain induced/increased with: Gentle abdominal palpation ☐ No ☐ Yes

☐ Additional Examination: PHS - April 8 Du Williams 3/14 -
 (Continue on back if necessary) Not called - Dr. Williams not here that day
☐ Check Here if continued on back

Assessment: (Referral Status)

☐ Referral Not Required

☐ Referral Required due to the following: (Check all that apply)

- ☐ Abnormal Vital Signs ☐ Distended/rigid abdomen ☐ Persistent Nausea and/or vomiting
☐ Bloody or "Tarry" stools ☐ Pallor, moist clammy skin ☐ Recurrent Complaint (More than 2 visits for the same complaint)
☐ Other: _____

You should contact a physician or nursing supervisor if you have any questions about the status of the patient.

Plan:

Check All That Apply:

- ☒ Instructions to return if condition worsens or does not improve
☒ Education on bowel elimination ☐ Education on Lifestyle Modifications to prevent reflux
☒ Education: The patient demonstrates an understanding of the nature of their medical condition and signs and symptoms for which they should seek additional medical attention. (Persistent vomiting, significant weakness, signs of dehydration, worsening abdominal pain, fever,) as well as appropriate follow-up. ☐ YES ☒ NO (If NO then schedule patient for appropriate follow-up visits)
☐ OTC Meds given: ☐ Pepto-Bismol 10-15 cc PO X1 dose (or) ☐ Maalox 30 cc PO X1 dose
☐ Other OTC Medications given ☐ NO ☐ YES (If Yes List): _____

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr Williams Date for referral: 3/16/06

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____

Signature: [Signature] Name: [Signature] Time: _____



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Follow-up 3rd Request

Print Name: Debra Clackler Date of Request: 3-14-06
 ID # 159516 Date of Birth: 11-26-54 Location: Dorm 12 Bed 47B
 Nature of problem or request: Abdominal pain and swelling and back pain. I saw Dr. Williams on 2-14-06, and was treated for this same problem. While taking the medication which he prescribed, the pain went away and I was feeling better. As soon as I stopped taking the medication, the pain and swelling returned.
Debra Clackler
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 3/16/06
 Time: 10:00 AM PM
 Allergies: Codine

RECEIVED	
Date:	
Time:	
Receiving Nurse Initials	

(S)ubjective:

See Wd

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

May lay down this afternoon 3/16/06

(P)lan:

Was on appt. to Dr. Williams

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()
 Was MD/PA on call notified: Yes () No ()

[Signature]

SIGNATURE AND TITLE

RECEIVED	
Date:	
Time:	
Receiving Nurse Initials	

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0121

PHS

Nursing Evaluation Tool:

General Sick Call

Facility: Alabama Department of Corrections

Patient Name: Clackin Debra

Inmate Number: 159516 Last First

Date of Birth: 11 126 1954 MM DD YYYY

Date of Report: B 11 1 2006 MM DD YYYY

Time Seen: 9:45 AM/PM Circle One

Subjective: Chief Complaint(s): "I hurt in my abd need to see
 Onset: pr William

Brief History:
 (Continue on back if necessary)

Objective: Vital Signs: (As Indicated) T: 98.2 P: 80 RR: 20 B/P: 124/80 1

Examination Findings:
 (Continue on back if necessary)

pt has tenderness in abd and heart also.

Assessment: (Referral Status)

Preliminary Determination(s):

☐ Referral NOT REQUIRED

☒ Referral REQUIRED due to the following: (Check all that apply)

☒ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other:

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☐ Instructions to return if condition worsens.

☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other:

OTC Medications given: ☐ NO ☐ YES (If Yes List):

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr William 3/14/06

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

Date for referral: 3 11 2006 MM DD YYYY

Richard H. Hefner
 Nurses Signature

Name:

Printed

Richard Hefner

PHS0122

PRISON
HEALTH
SERVICES
INCORPORATED

PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Follow-up
2nd Request

Print Name: Debra ClacklerDate of Request: 3-9-06ID # 159516Date of Birth: 11-26-54 Location: Jorm 12 Bed 478

Nature of problem or request: Abdominal pain and swelling and back pain. I saw Dr. Williams on 2-14-06 and was treated for this same problem. While taking the medication, the pain went away and I was feeling much better. As soon as I stopped taking the medication, the abdominal pain and back pain returned.

Debra Clackler

Signature

DO NOT WRITE BELOW THIS LINE

Date: 3/11/2006Time: 9:45 AM PMAllergies: Codine

RECEIVED

Date:

Time:

Receiving Nurse Initials pu

(S)ubjective:

See next
va

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment

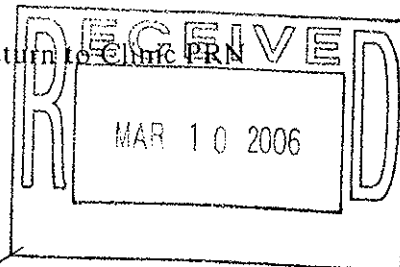
Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()



SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0123



Nursing Evaluation Tool:

General Sick Call

Facility: Alabama Department of Corrections	
Patient Name: <u>Clackler</u>	<u>Debra</u>
Inmate Number: <u>159516</u>	Date of Birth: <u>11/26/1957</u>
Date of Report: <u>2/23/2006</u>	Time Seen: <u>AM/PM</u> Circle One

Subjective: Chief Complaint(s): "Still having some abd pain and swelling"

Onset:

Brief History: Pt has been treated by Dr. Williams & Dr. Eshel

Objective: Vital Signs: (As Indicated) T: 98.2 P: 78 RR: 20 B/P: 130/81

Examination Findings:
(Continue on back if necessary)

Pt still having some pain in abd
tender to touch

Assessment: (Referral Status)

☐ Referral NOT REQUIRED

☒ Referral REQUIRED due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other:

Preliminary Determination(s): Abdominal pain

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply

☐ Instructions to return if condition worsens.

☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other:

OTC Medications given ☐ NO ☐ YES (If Yes List):

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr. Williams

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

Date for referral: 2/23/2006

Time

Richard M. [Signature]
Nurse Signature

Name: Richard M. [Signature]

Printed

PHS0124

Follow-up

Delora Clackler

See next
Tool

G1 E-1002 (1/4)